



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2004  
OF THE CONDITION AND AFFAIRS OF THE

OmniCare Health Plan, Inc.

NAIC Group Code	1137	NAIC Company Code	12193	Employer's ID Number	20-1052897
(Current Period)		(Prior Period)			
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan
Country of Domicile	United States of America				
Licensed as business type:	Life, Accident & Health [ ] Property/Casualty [ ] Dental Service Corporation [ ]				
	Vision Service Corporation [ ] Other [ ] Health Maintenance Organization [ X ]				
	Hospital, Medical & Dental Service or Indemnity [ ] Is HMO, Federally Qualified? Yes [ X ] No [ ]				
Incorporated	04/22/2004		Commenced Business	10/01/2004	
Statutory Home Office	1333 Gratiot, Brewery Park One, Ste 400			Detroit, MI 48207	
		(Street and Number)		(City or Town, State and Zip Code)	
Main Administrative Office	1333 Gratiot, Brewery Park One, Ste 400				
	Detroit, MI 48207		313-465-1519		
		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	1333 Gratiot, Brewery Park One, Ste 400			Detroit, MI 48207	
		(Street and Number or P.O. Box)		(City or Town, State and Zip Code)	
Primary Location of Books and Records	1333 Gratiot, Brewery Park One, Ste 400				
	Detroit, MI 48207		313-465-1519		
		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)	
Internet Website Address	www.omnicarehealthplan.com				
Statutory Statement Contact	Kenyata J. Rogers			313-465-1519	
			(Area Code) (Telephone Number) (Extension)		
	KJRogers@cvty.com			313-465-1604	
		(E-mail Address)		(FAX Number)	
Policyowner Relations Contact	1333 Gratiot, Brewery Park One, Ste 400				
	Detroit, MI 48207		313-465-1519		
		(City or Town, State and Zip Code)		(Area Code) (Telephone Number) (Extension)	

OFFICERS

Name	Title	Name	Title
Bobby Jones	Chief Executive Officer	Beverly Allen	Chief Financial & Operating Officer

OTHER OFFICERS

DIRECTORS OR TRUSTEES

State of .....  
County of .....  
ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Subscribed and sworn to before me this	a. Is this an original filing?	Yes [ X ] No [ ]
_____ day of _____,	b. If no,	
_____	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

**ANNUAL STATEMENT FOR THE YEAR 2004 OF THE OmniCare Health Plan, Inc.**

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

## 19

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2004 OF THE OmniCare Health Plan, Inc.

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2004 OF THE OmniCare Health Plan, Inc.

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	159,075		6,073	153,002	153,002	0
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	159,075	0	6,073	153,002	153,002	0





ANNUAL STATEMENT FOR THE YEAR 2004 OF THE OmniCare Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION  
OmniCare Health Plan, Inc.

2. Detroit, Michigan

(LOCATION)

NAIC Group Code 1137 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2004 NAIC Company Code 12193

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year .....	.0												
2. First Quarter .....	.0												
3. Second Quarter .....	.0												
4. Third Quarter .....	.0												
5. Current Year	62,455								62,455				
6. Current Year Member Months	188,177								188,177				
Total Member Ambulatory Encounters for Year:													
7. Physician .....	.66,734								.66,734				
8. Non-Physician .....	16,858								16,858				
9. Total	83,592	0	0	0	0	0	0	0	83,592	0	0	0	0
10. Hospital Patient Days Incurred	10,008								10,008				
11. Number of Inpatient Admissions	2,230								2,230				
12. Health Premiums Written .....	.39,429,647								.39,429,647				
13. Life Premiums Direct .....	.0												
14. Property/Casualty Premiums Written .....	.0												
15. Health Premiums Earned .....	.39,429,647								.39,429,647				
16. Property/Casualty Premiums Earned .....	.0												
17. Amount Paid for Provision of Health Care Services .....	.17,387,070								.17,387,070				
18. Amount Incurred for Provision of Health Care Services	35,291,988								35,291,988				

(a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons under indemnity only products \_\_\_\_\_



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE OmniCare Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      OmniCare Health Plan, Inc.      2. \_\_\_\_\_ (LOCATION)

NAIC Group Code	1137	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2004							NAIC Company Code		12193
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other	
<b>Total Members at end of:</b>														
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. First Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Current Year	62,455	0	0	0	0	0	0	0	62,455	0	0	0	0	
6. Current Year Member Months	188,177	0	0	0	0	0	0	0	188,177	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>														
7. Physician .....	66,734	0	0	0	0	0	0	0	66,734	0	0	0	0	
8. Non-Physician .....	16,858	0	0	0	0	0	0	0	16,858	0	0	0	0	
9. Total	83,592	0	0	0	0	0	0	0	83,592	0	0	0	0	
10. Hospital Patient Days Incurred	10,008	0	0	0	0	0	0	0	10,008	0	0	0	0	
11. Number of Inpatient Admissions	2,230	0	0	0	0	0	0	0	2,230	0	0	0	0	
12. Health Premiums Written.....	39,429,647	0	0	0	0	0	0	0	39,429,647	0	0	0	0	
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	39,429,647	0	0	0	0	0	0	0	39,429,647	0	0	0	0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	17,387,070	0	0	0	0	0	0	0	17,387,070	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	35,291,988	0	0	0	0	0	0	0	35,291,988	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

30.GT

SCHEDULE A - VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement)	0
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11	0
2.2 Totals, Part 3, Column 7	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14	0
4.2 Totals, Part 3, Column 9	0
5. Total profit (loss) on sales, Part 3, Column 14	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12	0
6.2 Totals, Part 3, Column 8	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
8. Book/adjusted carrying value at end of current period	0
9. Total valuation allowance	
10. Subtotal (Lines 8 plus 9)	0
11. Total nonadmitted amounts	
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0

SCHEDULE B - VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount and mortgage interest points and commitment fees	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	0
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	0
12. Total nonadmitted amounts	
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	0
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions	
2.2 Additional investment made after acquisitions	0
3. Accrual of discount	
4. Increase (decrease) by adjustment	
5. Total profit (loss) on sale	
6. Amounts paid on account or in full during the year	
7. Amortization of premium	
8. Increase (decrease) by foreign exchange adjustment	
9. Book/adjusted carrying value of long-term invested assets at end of current period	0
10. Total valuation allowance	
11. Subtotal (Lines 9 plus 10)	0
12. Total nonadmitted amounts	
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	0

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE OmniCare Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Class 1 .....	.0	2,293,626	.0	.0	.0	2,293,626	14.7	.0	.0	2,293,626	.0
1.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.5 Class 5 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
1.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
1.7 Totals	0	2,293,626	0	0	0	2,293,626	14.7	0	0.0	2,293,626	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.5 Class 5 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
2.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.5 Class 5 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
3.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.5 Class 5 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
4.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.5 Class 5 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	.0
5.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
6.2 Class 2 .....	201,970	.0	.0	.0	.0	201,970	1.3	.0	.0.0	201,970	.0
6.3 Class 3 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
6.4 Class 4 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
6.5 Class 5 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
6.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	201,970	0	0	0	0	201,970	1.3	0	0.0	201,970	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1 .....	13,000,022	.0	.0	.0	.0	13,000,022	.83.2	.0	.0.0	13,000,022	.0
7.2 Class 2 .....	126,576	.0	.0	.0	.0	126,576	.8	.0	.0.0	126,576	.0
7.3 Class 3 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
7.4 Class 4 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
7.5 Class 5 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
7.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
7.7 Totals	13,126,598	0	0	0	0	13,126,598	84.0	0	0.0	13,126,598	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
8.2 Class 2 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
8.3 Class 3 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
8.4 Class 4 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
8.5 Class 5 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
8.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
9.2 Class 2 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
9.3 Class 3 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
9.4 Class 4 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
9.5 Class 5 .....	.0	.0	.0	.0	.0	.0	.0.0	.0	.0.0	.0	.0
9.6 Class 6 .....	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE OmniCare Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1 .....	13,000,022	2,293,626	.0	.0	.0	15,293,648	.97.9	XXX.	XXX.	15,293,648	.0
10.2 Class 2 .....	328,546	.0	.0	.0	.0	328,546	2.1	XXX.	XXX.	328,546	.0
10.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	XXX.	XXX.	.0	.0
10.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	XXX.	XXX.	.0	.0
10.5 Class 5 .....	.0	.0	.0	.0	.0	(c) .0	0.0	XXX.	XXX.	.0	.0
10.6 Class 6 .....	.0	.0	.0	.0	.0	(c) .0	0.0	XXX.	XXX.	.0	.0
10.7 Totals .....	13,328,568	2,293,626	.0	.0	.0	(b) 15,622,194	100.0	XXX.	XXX.	15,622,194	.0
10.8 Line 10.7 as a % of Col. 6	85.3	14.7	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1 .....	.0	.0	.0	.0	.0	XXX.	XXX.	.0	0.0	.0	.0
11.2 Class 2 .....	.0	.0	.0	.0	.0	XXX.	XXX.	.0	0.0	.0	.0
11.3 Class 3 .....	.0	.0	.0	.0	.0	XXX.	XXX.	.0	0.0	.0	.0
11.4 Class 4 .....	.0	.0	.0	.0	.0	XXX.	XXX.	.0	0.0	.0	.0
11.5 Class 5 .....	.0	.0	.0	.0	.0	XXX.	XXX.	(c) .0	0.0	.0	.0
11.6 Class 6 .....	.0	.0	.0	.0	.0	XXX.	XXX.	(c) .0	0.0	.0	.0
11.7 Totals .....	.0	.0	.0	.0	.0	XXX.	XXX.	(b) .0	0.0	.0	.0
11.8 Line 11.7 as a % of Col. 8	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	XXX	0.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1 .....	13,000,022	2,293,626	.0	.0	.0	15,293,648	.97.9	.0	0.0	15,293,648	XXX.
12.2 Class 2 .....	328,546	.0	.0	.0	.0	328,546	2.1	.0	0.0	328,546	XXX.
12.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX.
12.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX.
12.5 Class 5 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX.
12.6 Class 6 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX.
12.7 Totals .....	13,328,568	2,293,626	.0	.0	.0	15,622,194	100.0	.0	0.0	15,622,194	XXX.
12.8 Line 12.7 as a % of Col. 6	85.3	14.7	.0	.0	.0	100.0	XXX.	XXX.	XXX.	100.0	XXX.
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	85.3	14.7	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX.	.0
13.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX.	.0
13.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX.	.0
13.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX.	.0
13.5 Class 5 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX.	.0
13.6 Class 6 .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX.	.0
13.7 Totals .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX.	.0
13.8 Line 13.7 as a % of Col. 6	.0	.0	.0	.0	.0	.0	XXX.	XXX.	XXX.	XXX.	.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ .0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$ .0 current year, \$ .0 prior year of bonds with Z designations and \$ .0 , current year, \$ .0 prior year of bonds with Z\* designations. The letter “Z” means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. “Z\*” means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
(c) Includes \$ .0 current year, \$ .0 prior year of bonds with 5\* designations and \$ .0 , current year, \$ .0 prior year of bonds with 6\* designations. “5\*” means the NAIC designation was assigned by the SVO in reliance on the insurer’s certification that the issuer is current in all principal and interest payments. “6\*” means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

ANNUAL STATEMENT FOR THE YEAR 2004 OF THE OmniCare Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Issuer Obligations .....	.0	2,293,626	.0	.0	.0	2,293,626	14.7	.0	.0	2,293,626	.0
1.2 Single Class Mortgage-Backed/Asset-Backed Securities .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
1.7 Totals .....	.0	2,293,626	.0	.0	.0	2,293,626	14.7	.0	.0	2,293,626	.0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Issuer Obligations .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
2.2 Single Class Mortgage-Backed/Asset-Backed Securities .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
2.4 Other .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
2.5 Defined .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
2.6 Other .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
2.7 Totals .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
<b>3. States, Territories, and Possessions Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Issuer Obligations .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
3.2 Single Class Mortgage-Backed/Asset-Backed Securities .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
3.4 Other .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
3.5 Defined .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
3.6 Other .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
3.7 Totals .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Issuer Obligations .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
4.2 Single Class Mortgage-Backed/Asset-Backed Securities .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
4.4 Other .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
4.5 Defined .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
4.6 Other .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
4.7 Totals .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
<b>5. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Issuer Obligations .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
5.2 Single Class Mortgage-Backed/Asset-Backed Securities .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
5.4 Other .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
5.5 Defined .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
5.6 Other .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0
5.7 Totals .....	.0	.0	.0	.0	.0	.0	0.0	.0	.0	.0	.0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Issuer Obligations .....	201,970	.0	.0	.0	.0	201,970	1.3	.0	.0	201,970	.0
6.2 Single Class Mortgage-Backed/Asset-Based Securities .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
6.3 Defined .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.4 Other .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
6.5 Defined .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.6 Other .....	0	0	0	0	0	0	0.0	0	0.0	0	0
6.7 Totals	201,970	0	0	0	0	201,970	1.3	0	0.0	201,970	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Issuer Obligations .....	13,126,598	.0	.0	.0	.0	13,126,598	84.0	.0	.0	13,126,598	.0
7.2 Single Class Mortgage-Backed/Asset-Based Securities .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
7.3 Defined .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7.4 Other .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
7.5 Defined .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7.6 Other .....	0	0	0	0	0	0	0.0	0	0.0	0	0
7.7 Totals	13,126,598	0	0	0	0	13,126,598	84.0	0	0.0	13,126,598	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Issuer Obligations .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parents, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Issuer Obligations .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.2 Single Class Mortgage-Backed/Asset-Based Securities .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
9.3 Defined .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.4 Other .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
9.5 Defined .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.6 Other .....	0	0	0	0	0	0	0.0	0	0.0	0	0
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0



ANNUAL STATEMENT FOR THE YEAR 2004 OF THE OmniCare Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	13,328,568	2,293,626	0	0	0	15,622,194	100.0	XXX	XXX	15,622,194	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	13,328,568	2,293,626	0	0	0	15,622,194	100.0	XXX	XXX	15,622,194	0
10.8 Line 10.7 as a % of Col. 6	85.3	14.7	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.8 Line 11.7 as a % of Col. 8	0.0	0.0	0.0	0.0	0.0	XXX	XXX	0.0	XXX	0.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	13,328,568	2,293,626	0	0	0	15,622,194	100.0	0	0.0	15,622,194	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.4 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Other	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.7 Totals	13,328,568	2,293,626	0	0	0	15,622,194	100.0	0	0.0	15,622,194	XXX
12.8 Line 12.7 as a % of Col. 6	85.3	14.7	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	85.3	14.7	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
13.3 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
13.5 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years					
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year .....	0	0	0	0	0
2. Cost of short-term investments acquired .....	52,487,743	52,487,743			
3. Increase (decrease) by adjustment .....	7,537	7,537			
4. Increase (decrease) by foreign exchange adjustment .....	0				
5. Total profit (loss) on disposal of short-term investments .....	0				
6. Consideration received on disposal of short-term investments .....	39,166,712	39,166,712			
7. Book/adjusted carrying value, current year .....	13,328,568	13,328,568	0	0	0
8. Total valuation allowance .....	0				
9. Subtotal (Lines 7 plus 8) .....	13,328,568	13,328,568	0	0	0
10. Total nonadmitted amounts .....	0				
11. Statement value (Lines 9 minus 10) .....	13,328,568	13,328,568	0	0	0
12. Income collected during year .....	28,842	28,842			
13. Income earned during year .....	89,211	89,211			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: .....

Schedule DB - Part A - VBY  
**NONE**

Schedule DB - Part B - VBY  
**NONE**

Schedule DB - Part C - VBY  
**NONE**

Schedule DB - Part D - VBY  
**NONE**

Schedule DB - Part E - VBY  
**NONE**

Schedule DB - Part F - Section 1  
**NONE**

Schedule DB - Part F - Section 2  
**NONE**

Schedule S - Part 1 - Section 2  
**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2004 OF THE OmniCare Health Plan, Inc.

## SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

## 46

## 46

46

46

**ANNUAL STATEMENT FOR THE YEAR 2004 OF THE OmniCare Health Plan, Inc.**

## SCHEDULE S - PART 4

### Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2004	2 2003	3 2002	4 2001	5 2000
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	50	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	34	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10) .....	24,826,258		24,826,258
2. Accident and health premiums due and unpaid (Line 12).....	0		0
3. Amounts recoverable from reinsurers (Line 13.1).....	33,790	(33,790)	0
4. Net credit for ceded reinsurance.....	XXX	33,790	33,790
5. All other admitted assets (Balance).....	8,448,661		8,448,661
6. Total assets (Line 26)	33,308,709	0	33,308,709
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	17,560,375	0	17,560,375
8. Accrued medical incentive pool and bonus payments (Line 2).....	344,543		344,543
9. Premiums received in advance (Line 8).....	0		0
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	1,161,543		1,161,543
12. Total liabilities (Line 22).....	19,066,461	0	19,066,461
13. Total capital and surplus (Line 30).....	14,242,248	XXX	14,242,248
14. Total liabilities, capital and surplus (Line 31)	33,308,709	0	33,308,709
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance .....	0		
18. Reinsurance recoverable on paid losses .....	33,790		
19. Other ceded reinsurance recoverables .....	0		
20. Total ceded reinsurance recoverables .....	33,790		
21. Premiums receivable .....	0		
22. Unauthorized reinsurance .....	0		
23. Other ceded reinsurance payables/offsets .....	0		
24. Total ceded reinsurance payable/offsets .....	0		
25. Total net credit for ceded reinsurance	33,790		



## 52

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....

YES [ ☐ ] NO [ ☒ ]
2.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?.....

YES [ ☒ ] NO [ ☐ ]
3.

Will an actuarial certification be filed by March 1?.....

YES [ ☒ ] NO [ ☐ ]
4.

Will the Risk-based Capital Report be filed with the NAIC by March 1?.....

YES [ ☒ ] NO [ ☐ ]
5.

Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?.....

YES [ ☒ ] NO [ ☐ ]
6.

Will the Life Supplement be filed the state of domicile and the NAIC by March 1? .....

YES [ ☐ ] NO [ ☒ ]
7.

Will the Property/Casualty Supplement be filed the state of domicile and the NAIC by March 1?.....

YES [ ☐ ] NO [ ☒ ]

APRIL FILING

8.

Will Management's Discussion and Analysis be filed by April 1?.....

YES [ ☒ ] NO [ ☐ ]
9.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?.....

YES [ ☐ ] NO [ ☒ ]
10.

Will the Investment Risks Interrogatories be filed by April 1? .....

YES [ ☒ ] NO [ ☐ ]

JUNE FILING

11.

Will an audited financial report be filed by June 1 with the state of domicile? .....


YES [ ☒ ] NO [ ☐ ]


EXPLANATIONS:


1.
6.
7.
9.


BAR CODE:

1.

  
1 2 1 9 3 2 0 0 4 3 6 0 5 8 0 0 0
6.

  
1 2 1 9 3 2 0 0 4 2 0 5 0 0 0 0 0
7.

  
1 2 1 9 3 2 0 0 4 2 0 7 0 0 0 0 0
9.

  
1 2 1 9 3 2 0 0 4 3 3 0 5 8 0 0 0

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